2:18-cv-02635-BHH-MGB Date Filed 12/28/18 Entry Number 30 Page 1 of 2 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ☐ Yes Is delivery address different from Item 1? If YES, enter delivery address below: ☐ No 115 Afforneus 151 meeting St, Suite 200 Charlesten, SC Z940Z 3. Service Type ☐ Priority Mail Express® □ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted 9590 9402 3940 8060 7955 82 ☐ Certified Mail® Delivery Return Receipt for □ Certified Mail Restricted Delivery Merchandise ☐ Collect on Delivery ☐ Signature Confirmation™ Collect on Delivery Restricted Delivery 2 Article Number (Transfer from service label) ☐ Signature Confirmation 0679 2008 0220 0004 Restricted Delivery Mail Restricted Delivery TOVET \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

